application or Docket Number

10/018443

OLAMO AO EU EO												
CLAIMS A			S FILED - PART					SMALL ENTITY			OTHER T	
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE		OR		
								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E	OR	BASIC FEE	890
OTAL CHARGEABLE CLAIMS			22 minus 20=		* 2			X\$ 9=		OR	X\$18=	36
IDEPENDENT CLAIMS			2 minus 3 =		*			X42=			X84=	
ULTIPLE DEPENDENT CLAIM P			RESENT							OR		
lf :	the difference	: e in column 1 is	less than z	ess than zero, enter		column 2	ı	+140=		OR	+280=	
÷.								TOTAL		OR	TOTAL	
CLAIMS AS A (Column 1)			MICHUEL	J - PAR (Colun				SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
		CLAIMS		HIGH		(Coldinii 3)	1 1			•		
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
-	Total	*	Minus	**		=		X\$ 9=		ÓR	X\$18=	
L	Independent	* ENTATION OF MI	Minus	***		=		X42=		OR	X84=	
	, we will the second	ENTANOIN OF IM	JETIPLE DEI	PENDENT	CLAIM			+140=		OR	+280=	
								TOTAL		OR ,	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	•	ADDIT. FEE		, ,	ADDIT. FEE	
		CLAIMS REMAINING AFTER AMENDMENT	ò	HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ſ	Total	*	Minus	**	On	=		V# 0	FEE	-		FEE
t	Independent	*	Minus	***		=		X\$ 9=		OR	X\$18=	
Ī	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			X42=		OR	X84=	
	BEST AVAILABLE COPY									OR	+280=	
IDEL OOF							A	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)						
		REMAINING		HIGHE NUMB		PRESENT	ſ		ADDI-	Г		ADDI-
Ĺ		AFTER AMENDMENT		PREVIOU PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
H	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
⊢	ndependent	*				=		X42=		F		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X84=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3." ADDIT. FEEOR												
Th	ne "Highest Num	ber Previously Paid	For" (Total or	Independen	nt) is the	highest number	four	nd in the app	ropriate box	in colu	mn 1.]

FORM PTO-875 (Rev. 8/01)

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